

SD DOE - CHILD AND ADULT NUTRITION SERVICES
SPONSOR (LOCAL AGENCY) INFORMATION

SUMMER FOOD SERVICE PROGRAM INSPECTION REPORT

Local Agency Name: _____	Local Agency Number: _____
City: _____	
Name/Title of person(s) contacted: _____	Date of Inspection: ____ / ____ / ____
Inspector(s): _____	Time of Inspection: _____ to _____

MONITORING	YES	NO	N/A	COMMENTS
1001) Do operating dates for all sites concur with those listed on approved agreement?				iCAN Site Application Summer Food Service Program List
1002) Does the number of sites the sponsor is operating concurs with those listed on approved agreement?				
1003) Pre-operations visit:				
a. Did the sponsor visit every site before beginning operations?				
b. Are there records documenting these visits?				
c. Do these records indicate that problems found during the pre-operational visit were corrected before operations began?				iCAN Site Application Q29
1004) First week visit: (Prior Sponsor May Waive)				
a. Did the sponsor visit every site during the first week of operation?				
b. Are there records documenting these visits?				
c. Do the records indicate problems were identified?				
d. Were identified problems corrected in a timely manner?				
1005) Reviews (Fourth week visit):				
a. Did the sponsor review every site during the first 4 weeks of operation?				
b. Are there records documenting these reviews?				
c. Do the records indicate problems were identified?				
d. Were identified problems corrected? If yes, list when.				Found at https://www.fns.usda.gov/sfsp/handbooks
1006) Is the sponsor using the monitoring forms provided in the manual or by the state agency appropriately?				
1007) Health Department Inspections:				
a. Have problems identified by prior Sanitation Inspections been corrected?				

TRAINING	YES	NO	N/A	COMMENTS
1101) Does the sponsor have documentation of SFSP training, including dates held, topics covered, and signatures of participants can be agenda with roster or SFSP Sponsor Conducted Training documentation?				iCAN in Application Packet under Attachment List if were sent to CANS
1102) Was training for all sponsor and site personnel conducted prior to beginning program operations?				
1103) If additional staff was hired after the start of SFSP feeding, was their training also documented and sent in?				

CIVIL RIGHTS	YES	NO	N/A	COMMENTS
1201) Does the sponsor include the non-discrimination statement and the procedure for filing a complaint on all SFSP materials?				<p>Contact Courtney Martin at CANS (605) 773-3413 to mail if need more SFSP Sponsor Monitor's Guide (Pages in Back of Book) also in SFSP Sponsor's Administrative Guidance in Attachments</p> <p>Completed Racial and Ethnic Form for this and prior years if applicable</p> <p>Training available on SD DOE SFSP website</p>
1202) Is the sponsor aware of the need to notify the federal government and state agency of complaints alleging discrimination?				
1203) Has the sponsor received any complaints alleging discrimination?				
1204) Were these alleged discrimination complaints forwarded to CANS?				
1205) Does the sponsor provide information on SFSP to the public upon request?				
1206) Is the "and Justice for All" poster prominently displayed?				
1207) The sponsor determined the number of potential eligible beneficiaries by racial/ethnic category for the agreement. Has the " SFSP Racial and Ethnic Data Form " (for actual participants) been completed for each site under this sponsorship?			Required at each site	
1208) Does the sponsor have the capability of providing SFSP materials/information in the appropriate language, as needed?				
1209) Does the sponsor have provision/s for serving persons with disabilities?				
1210) Are there any requirements or procedures, which restrict or deny enrollment on the basis of race, color, sex, age, disability, or national origin?				
1211) Are denied applications for free meals disproportionately composed of minority groups?				
1212) Is the actual applicant and participant racial and ethnic data is maintained on file for 3 years?				
1213) Do potentially eligible persons and households have equal opportunity to participate in the program?				
1214) If you review applications for free/reduced price meals, are they coded by race or ethnic origin?				
1215) Has the local agency conducted Civil Rights training for its staff?				

RECORDS – Audits and Retention	YES	NO	N/A	COMMENTS
1301) Were records readily available?				<p>Website URL: If not, report to DOE official why-</p> <p>Website URL: If not, report to DOE official why-</p>
1302) Are records secure?				
1303) Are all SFSP-related records kept on file for 3 years?				
1304) <u>Has the Local Agency had a federal Single Audit Act</u> , for the most recently closed fiscal year?				
1305) If 1304 is yes, has the agency taken corrective action on any/all findings?				
1306) <u>If the Local Agency has had a federal Single Audit Act</u> , has the agency displayed it on recipient or sub-recipient's website? If not, ask why and explain in comments box.				
1307) Has the local agency filed a form 990 or 990 N with the IRS for the most recently closed fiscal year?				
1308) If 1307 is yes, has the most recent form been posted on the agency's website? If yes, list specific website in comments box. If not, ask why and explain in comments box.				
Start-Up/Advance Payments Records	YES	NO	N/A	COMMENTS
1310) <i>If the Local Agency did not receive Start-up funds or Advance, this section is NA.</i> Did they use funds in accordance with terms of the advance/start-up justification submitted in iCAN SFSP?				

PROCUREMENT – Purchasing Procedures		YES	NO	N/A	COMMENTS
1400) Does the school/ local agency have a written procurement / purchasing plan? If yes, request a copy and submit with file.					TA if NO - All sponsors required Procurement Plan and Code of Conduct at minimum – samples available at http://doe.sd.gov/cans/index.aspx under Procurement.
1401) Does the school/ local agency have a written code of conduct / conflict of interest policy? If yes, request a copy and submit with file.					TA if NO- All sponsors required Procurement Plan and Code of Conduct at minimum – samples available at http://doe.sd.gov/cans/index.aspx under Procurement.
1402) Complete the following information for the individual(s) that is (are) responsible for overseeing the purchasing procedures. If more space is needed, attach a separate sheet.					
First and Last Name:	Title	Responsibilities Related to Purchasing: Examples: conducts micro-purchases, completes purchasing log, manages food service/vendor contracts, etc.			Contact Information:
1403) What is the school/local agency's small purchase threshold in dollar amount?					
1404) Does the local agency belong to a Group Purchasing Organization (GPO) or a Group Buying Organization (GBO) or third party entity? If yes, include the name of the GPO, GBO, or third party entity in the comment section.					If yes, Name:
1405) If 1404 is no, skip to 1409. Did the agency pay a membership fee or pay for the services of a GPO, GBO, or third party entity?				(LA not part of such group)	
1406) If 1404 is no, skip to 1409. Is the agency currently receiving rebate checks from this organization?				(LA not part of such group)	
1407) If 1406 is YES, how often does the agency receive checks? (circle one)		NA Monthly Quarterly Annually Other:_____			
1408) What was the total value of rebates deposited in the nonprofit food service account from checks received from these companies in the prior year?		N/A <input type="checkbox"/> \$ _____			
1409) Micro-Purchases (Purchases from vendors/stores valued between \$0.00 - \$3,500, if the local agency has not documented comparison pricing or if the agency does not use this method.) If none, write N/A on first line.					
Name of Vendor/Store:	Total Paid to Vendor/Store in Past Year:	Product(s) and/or Services Purchased: (Examples include (but not limited to) Groceries, Office Supplies, Non-Food Items Used in Food Service, Laundry Service, etc.			How many purchases were made from this vendor/store during past year?
	\$				
	\$				
	\$				
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	\$				
	\$				
Comments About Micro-Purchases:					

1410) **Small Purchases / Informal Contracts (purchases from vendors/stores valued between \$0.00 - \$150,000, or most restrictive threshold)**
 – If none, write N/A on first line. *Compare with answer from Q 1403

Name of Vendor/Store:	Total Paid to Vendor/Store in Past Year:	Product(s) and/or Services Purchased: (Examples include (but not limited to) Groceries, Office Supplies, Non-Food Items Used in Food Service, Laundry Service, etc.	Was this a onetime purchase or did the agency use this vendor for multiple purchases?	Did the agency receive/review more than one response/source?
	\$		One time / Multiple	Yes No
	\$		One time / Multiple	Yes No
	\$		One time / Multiple	Yes No
	\$		One time / Multiple	Yes No

Comments About Small Purchases / Informal Contracts (Answer questions 1418 – 14 21, if applicable):

1411) **Formal Contracts:** Sealed Bids (IFB) /Competitive Proposals (RFP) (contract with vendors at or above \$150,000, or at or above the agencies small purchase threshold *Compare with answer from Q 1403) **If none, write N/A on first line.**

Name of Vendor:	Good/Services Provided:	Contract Value:	IFB or RFP (circle one)	Fixed Price or Cost Reimbursable (circle one)	Contract Duration:
		\$	IFB RFP	Fixed Price Cost Reimbursable	
		\$	IFB RFP	Fixed Price Cost Reimbursable	
		\$	IFB RFP	Fixed Price Cost Reimbursable	

Comments About Formal Contracts (Answer questions 1418 – 14 21, if applicable):

FOOD DISTRIBUTION PROGRAM	YES	NO	N/A	COMMENTS
1430) Are all foods stored in facilities belonging to the school or agency?				If contracted storage, Insurance: Name(s):
1431) If 1430 is no, what arrangements for billing, access, inventory, and insurance are made? Enter in Comments				
1432) List personnel designated to maintain inventory records:				
1433) Is the sponsor receiving USDA Foods/commodities or DoD Fresh? (If no, skip this section go to 1501).				
1434) Is there an excess supply of any commodity product? If yes, indicate products, pack dates, quantities, and approximate number of months of supply.				
1435) What is the reason for oversupply and what action is being taken to reduce this excess?				
1436) Is there any commodity product in storage that was found to be out of condition due to expired pack dates, spoilage, etc.?				
If yes, indicate products, quantities, and pack dates. Add explanation in comments area.				
1437) Are there any processing agreements involving the use of commodities? If yes, indicate type and contracted party				

MEAL PREPERATION	YES	NO	N/A	COMMENTS	
1501) Meal preparation is done by:				iCAN Food Production Facility – should match this list unless the sponsor is doing self-preparation – no entry required. Central Kitchen is self-preparation and skip to # 1508.	
a. sponsor (skip to #1508)					
b. Food Service Management Company (FSMC) or contracted meal provider (complete #1502-1508 below)					
1502) FSMC or provider name:				Should match iCAN Food Production Facility List entry and may include some of the following data which needs to be compared with what they share on-site.	
1503) The FSMC or contracted provider:					
a. has an exclusive contract with a School Food Authority					
b. is a School Food Authority					
c. is a private FSMC					
d. is a Hutterite Colony in the District					
1504) Does the vended price per meal include all charges?					
What is charged per:					Contract in Budget Details of iCAN or Attachment List \$ _____._____ \$ _____._____ \$ _____._____ \$ _____._____
Breakfast					
Lunch					
Supper					
Supplement				iCAN Budget Details – Attachment	
1505) Do the amounts charged match the amounts indicated in the approved contract?					
1506) What records are maintained by the FSMC/vendor?					
a. menu and production					
b. meal count					
1507) Do the number of meals claimed match the number served (not the number planned, delivered, etc.)?					
1508) Does the number of sites with on-site preparation and satellite service concur with what was approved on the agreement?					

MEAL COUNT RECORDS	YES	NO	N/A	COMMENTS
1601) Does the sponsors obtain meal counts from all sites and check their accuracy before completing the claim?				iCAN Site Application ADP by meal type is question: Breakfast Q 55; AM snack Q 66; Lunch Q 78; PM snack Q 89; Supper Q 101 and directly below each is the State Agency approved level.
1602) Is the sponsor able to determine who completed the meal counts?				
1603) Are there any days when the count exceeds the number of "eligible" children and/or the approved level?				
1604) Are there any patterns in the meal count which appear questionable?				
1605) Are meal counts supported by menu production records (refer to menu analysis sheets)?				
1606) Number of meals to be over claimed due to :				
a. Missing a required food item				
b. lacking sufficient quantities of required food item/s				
1607) Is the consolidation of the meal counts accurate?				

1608) Reconciliation of Meal Counts	Number claimed by sponsor on most recent claim	Reviewer count	Difference	COMMENTS
Breakfast				
Lunch				
Supper				
Supplement/Snack				

ENROLLED and CAMP SITE ELIGIBILITY	YES	NO	N/A	COMMENTS
1621a) ENROLLED - Does the sponsor have current signed and approved applications for free meals to substantiate that at least 50% of enrolled children are eligible?				
1621b) Are only enrolled children's meals being claimed?				
1622a) CAMPS - Does the sponsor have current signed and approved applications for free meals to substantiate the meals claimed for reimbursement?				
1622b) Are only eligible children's meals being claimed?				

1622) Application for Free Meals Approval

Dates of sessions	Total Children Enrolled	Eligible Children per Sponsor	Eligible Children per Reviewer	Difference

OPERATING COSTS	YES	NO	N/A	COMMENTS
1701) Does the sponsors maintain itemized receipts, meal counts, invoices, and other records to document costs incurred?				
1702) Have only allowable operating costs been claimed?				

1703) Do production records, inventory, invoices and/or receipts support the food costs claimed?				
1704) Are non-food costs claimed supported by itemized invoices and/or receipts?				
1705) Do time sheets, payroll records, etc., support operating labor costs paid by the program?				
1706) Are costs charged to SFSP for transporting children and/or food supported by mileage records or gas receipts?				
1707) Does the sponsors have records documenting that utility costs have been appropriately pro-rated?				
1708) Have contracts been approved by Child and Adult Nutrition Services for rental costs claimed?				
1709) Operating Costs: (Found in iCAN Budget Detail – Projected Operating Costs)	Charged to SFSP	Allowed by reviewer:	Difference:	iCAN Budget Details – approved estimate at initial ADP (will need to allow for variance depending on current ADP) COMMENTS
Food				
Operating labor				
Other operating				
Total				

ADMINISTRATIVE COSTS	YES	NO	N/A	COMMENTS
1801) Does the sponsor have itemized records to support administrative costs incurred?				
1802) Are administrative labor costs paid by the program supported by payroll records and time expended on administration of the program?				
1803) Are any personnel funded by another source?				
1804) Have the costs of their labor been paid by the program?				
1805) Do records/receipts for administrative expenses incurred support the sponsor's administrative costs?				
1806) Administrative Costs: (Found in iCAN Budget Detail – Projected Administrative Costs)	Charged to SFSP	Allowed by reviewer:	Difference:	iCAN Budget Details –estimate at approval time – could vary. COMMENTS
Administrative labor				
Other administrative				
Total				

PROGRAM INCOME	YES	NO	N/A	COMMENTS	
1901) Does the sponsor receive income to the Program?				iCAN Budget Details – Cost Reimbursement Summary section lists 'Amount from other funding'	
1902) Source of income:					
a. Sale of adult meals				Compare to approved adult meal prices entered in iCAN Site Application Q 115	
Amount received for					
breakfast					\$ _____.
lunch					\$ _____.
supper					\$ _____.
supplement					\$ _____.
b. Sale of meals to ineligible children					
Amount received for					
breakfast					\$ _____.
lunch					\$ _____.
supper					\$ _____.
supplement					\$ _____.
c. Other, explain					

WORKSHEET FOR INCORRECTLY APPROVED APPLICATIONS

[illegible]

REVIEWER: _____

PAGE _____ OF _____